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CONFIRMATION NO. 2366

SERIAL NUMBER 09/474,542	FILING DATE 12/29/1999 RULE	CLASS 370	GROUP ART UNIT 2697	ATTORNEY DOCKET NO. 476-1884	
APPLICANTS ELWYN B. DAVIES, ELY, UNITED KINGDOM;					
** CONTINUING DATA <i>none yet</i>					
** FOREIGN APPLICATIONS <i>none yet</i>					
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 02/16/2000					
Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY UNITED KINGDOM	SHEETS DRAWING 3	TOTAL CLAIMS 8	INDEPENDENT CLAIMS 3
ADDRESS William M Lee Jr Barnes & Thornburg P O BOX 2786 CHICAGO , IL 60690-2786					
TITLE CONNECTIONLESS NETWORK EXPRESS ROUTE					
FILING FEE RECEIVED 690	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit			

SERIAL NUMBER 09/474,542	FILING DATE 12/29/99	CLASS 370	GROUP ART UNIT 2739	ATTORNEY DOCKET NO. 476-1884
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APPLICANT

ELWYN B. DAVIES, ELY, UNITED KINGDOM.

CONTINUING DOMESTIC DATA***

VERIFIED

none yes

371 (NAT'L STAGE) DATA***

VERIFIED

none yes

FOREIGN APPLICATIONS***

VERIFIED

none yes

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 02/16/00

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY GBX	SHEETS DRAWING 3	TOTAL CLAIMS 8	INDEPENDENT CLAIMS 3
Verified and Acknowledged Examiner's Initials	<i>yes</i>	Initials			

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TITLE

CONNECTIONLESS NETWORK EXPRESS ROUTE

FILING FEE RECEIVED \$690	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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